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3774 ATC
CERTIFICATE OF DEATH

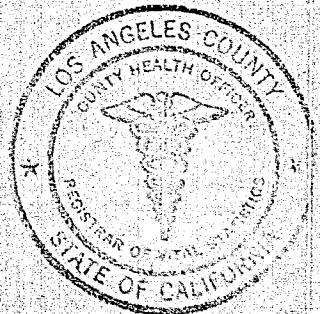
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1. NAME OF DECEASED—FIRST NAME		1a. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR	
Harry		ISAAC		September 19, 1968		1:45 A.M.			
3. COLOR OR RACE		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		8. YEARS	
Male		Caucasian		Pennsylvania		July 16, 1922		46	
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER				13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
Mary Slemmon - Syria				Virginia A. Squillo					
10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		17. KIND OF INDUSTRY OR BUSINESS			
United States		171 12 6776		Married		Building			
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM		18a. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)			
Cement		15		F. Isaac, Inc.		No			
19a. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				18b. COUNTY		18c. LENGTH OF STAY IN COUNTY OF DEATH		18d. LENGTH OF STAY IN CALIFORNIA	
Wilshire and Sawtelle Hlvs.				Los Angeles		13 days		15 years	
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)				20. NAME AND MAILING ADDRESS OF INFORMANT					
Yes				Virginia Isaac					
19c. STATE				21a. DATE SIGNED		21b. PHYSICIAN'S CALIFORNIA LICENSE NUMBER			
California				9/19/68		227422			
22a. SPECIFY BURIAL, CREMATION, OR OTHER				22b. DATE		23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER—SIGNATURE (IF BOB EMBALMED) LICENSE NUMBER	
Burial				9-21-68		Santa Barbara Cemetery		John R. Grebil 3554	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE		28. DATE RECEIVED FOR REGISTRATION BY LOCAL HEALTH DEPT.	
Welch-Ryce Associates				No		[Signature]		SEP 20 1968	
29. PART I: DEATH WAS CAUSED BY—IMMEDIATE CAUSE				ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		Days		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Hypostatic pneumonia									
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I				31. WAS OPERATION OR SHORTLY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND OF WHAT)		32a. AUTOPSY (SPECIFY YES OR NO)		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
				Operation		yes		yes	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE				34. PLACE OF INJURY (SPECIFY HOME, PARK, FACTORY, FREEDAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH DAY YEAR	
								36b. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, FEET OR MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALL POISON? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)									
STATE REGISTRAR									

LOS ANGELES COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the
original certificate on file in this office.

SEP 23 1968

L. A. Hollander, M.D., M.P.H.
Health Officer and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title & Escrow the 20th day
of May A.D., 19 93 at 3:21 o'clock P. M., and duly recorded in Vol. M93
of Deeds on Page 11515

FEE \$10.00

RETURN: Virginia Isaac
69-B San Marcos Rd.
Santa Barbara, CA 93111

Evelyn Biehn - County Clerk
By Carlene Mullins